HB-0720-0904

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS
NEW JERSEY STATE HEALTH BENEFITS PROGRAM
PO Box 299 Trenton, New Jersey 08625-0299

R E S O L U T I O N

A RESOLUTION to authorize participation in the New Jersey State Health Benefits Program Act of the State of New Jersey for SHBP Dental Plan coverage.

BE IT RESOLVED:

1. The _____,
   Name of Employer
   a participating employer in the State Health Benefits Program, hereby elects to participate in the SHBP Employee Dental Plans provided by the New Jersey State Health Benefits Act of the State of New Jersey (N.J.S.A. 52:14-17.25 et seq.) and to authorize coverage for all the employees and their dependents thereunder in accordance with the statute and regulations adopted by the State Health Benefits Commission.

2. As a participating employer we will remit to the State Treasury all charges due on account of employee and dependent coverage and periodic charges in accordance with the requirements of the statute and the rules and regulations duly promulgated thereunder.

3. As the employer I understand that the employer is responsible for at least 50% of the dental premium.

4. We hereby appoint the _____ to act as Certifying Officer in the administration of this plan.
   Title

5. This resolution shall take effect immediately and coverage shall be effective as of _____ or as soon thereafter as it may be effectuated pursuant to the statutes and regulations.
   Date

I hereby certify that the foregoing is a true and correct copy of a resolution duly adopted by the

_____
Corporate Name of Employer

on the _____ day of _____, 20____.

_____
Signature

_____
Official Title

_____
Number of Employees

_____
Street Address

_____
City State ZIP Code

_____
Area Code Telephone

_____
Present Dental Plan Carrier

_____
Employer's State Social Security Identification Number